

# & ON-THE-JOB APPRENTICESHIP TRAINING APPLICATION HANDBOOK

A guide for employers  
and/or trainees seeking  
approval of their training  
program(s) for  
VA education benefits



[opi.mt.gov](http://opi.mt.gov)

PROVIDED BY:

OFFICE OF PUBLIC INSTRUCTION  
VETERANS EDUCATION

MONTANA STATE APPROVING AGENCY

[www.opi.mt.gov/VeteransEd/index.html](http://www.opi.mt.gov/VeteransEd/index.html)

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## INTRODUCTION

It may be possible for your employee to receive their "GI Bill" benefits while they are receiving training at your business. They could receive a monthly training allowance from the Department of Veteran's Affairs (DVA) for a full-time On-The-Job (OJT) or Apprenticeship (APP) Training program, if approved by the Montana State Approving Agency (SAA).

There are two functions involved when veterans, (and certain guardsmen/reservists, survivors/dependents) wish to utilize their educational benefits in On-the-Job or Apprenticeship Training Programs.

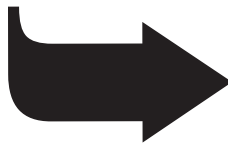
## DEPARTMENT OF VETERANS AFFAIRS (DVA)

The DVA determines educational eligibility. The veteran needs to contact the DVA Education Office by calling the toll free number (888) 442-4551, through their Web site [www.gibill.va.gov](http://www.gibill.va.gov), or by contacting their local Veterans Service Officer for assistance.

- If the veteran is eligible, the veteran needs to discuss the program with the employer.
- The veteran applies to the DVA for their educational benefits.
- The employer will contact the SAA office for approval information.
- The DVA must concur with the SAA approval.
- The approved training facility can then enroll the veteran in the approved program.  
(Refer to procedures and instructions in this handout.)

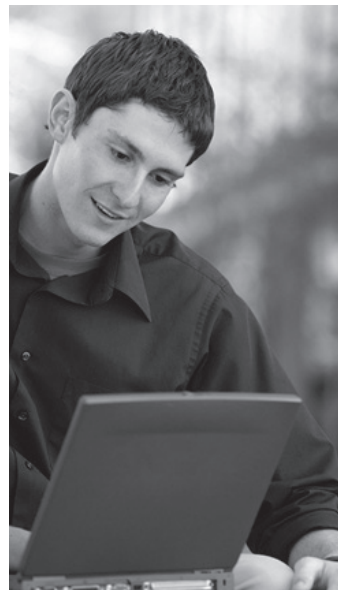
## Log on! See what's new ...

Your Complete Source for  
Information on VA Education  
Benefit Programs



**[www.gibill.VA.gov](http://www.gibill.VA.gov)**

Official Web site of the  
Department of Veterans Affairs  
Education Service  
1-888-GI Bill-1  
(1-888-442-4551)  
Other benefits (1-800-827-1000)



## STATE APPROVING AGENCY (SAA)

Shortly after the 1944 Bill of Rights was passed into law, Congress established the State Approving Agencies in 1947 to ensure that Veterans and eligible dependents can use the GI Bill educational entitlement in an approved educational program. Congress believed that the state's control of education and approval of its programs was the best avenue to safeguard both veterans, and educational institutions and training facilities. The primary function of the Montana SAA is to review and evaluate the appropriateness of each program relative to the state's standards and laws in addition to the DVA rules, regulations and other applicable laws and regulations; evaluate, and approve quality educational and training programs for veteran's benefits. Continuous supervision is required of approved programs.

Programs that can be approved include institutions of higher learning colleges and universities, non-degree institutions (vocational and technical schools), apprenticeship, and other on-the-job training programs and flight schools. There are over 140 programs currently approved in Montana for veteran's educational benefits.

If the employer is interested in utilizing the program or needs more information, contact the SAA at (406) 444-4122.

- An SAA employee will contact the employer and explain the program.
- The SAA will make an on-site visit to assist the employer with the application.
- If training is approved, the SAA will mail the employer an approval packet containing: approval letter, approved application, copy of the certifying official form, training agreements, and monthly master form to record work records.
- The SAA office will notify the DVA of the approval and provide program information.

## MONTANA STATE APPROVING AGENCY MISSION

- Promote and safeguard quality education and training programs for veterans
- Ensure greater educational and training opportunities to meet the challenging needs of veterans; and
- Assist the VA in preventing fraud, waste and abuse in the administration of the GI Bill

### Staff:

**Veterans Education**  
(406) 444-4122  
Fax: (406) 444-1373

**Website:** [www.opi.mt.gov/veteransEd/index.html](http://www.opi.mt.gov/veteransEd/index.html)

### Links:

**GI Bill Web site** <http://www.gibill.va.gov>

**Air Force** <http://www.af.mil>

**U.S. Veterans Resource Web site** <http://www.vetsresource.com>

**Marine Corps** <http://www.usmc.mil>

**Army** <http://www.army.mil>

**Coast Guard** <http://www.uscg.mil>

**Navy** <http://www.navy.mil>

## KNOW THE FACTS ABOUT OJT AND APPRENTICESHIP TRAINING

- The training content of the program must be adequate to qualify the trainee for appointment to the job for which he or she is being trained.
- There is reasonable certainty that the job for which the training is provided will be available to the trainee at the end of the training period.
- The job is one in which progression and appointment to the next higher classification are based upon skills learned through organized training on the job and not just on such factors as length of service and normal turnover.
- The wages paid the trainee during the training period are not less than those paid to non-veteran trainees in a similar training position. The wages paid to a trainee at the start of training must be at least 50 percent of the wages paid to a fully trained worker. There must be at least one increase in wages during the training period. Not later than the last full month of training, the wages must be at least 85 percent of the wages paid to a fully trained employee. Immediately upon completion of training, the wage should be increased to the full amount of a trained worker's wage. The 85 percent regulation does not apply to local, state or federal governments.
- The job customarily requires a period of training of not less than six months and not more than two years of full-time training (On-the-Job Training). For apprenticeships the length of time can exceed two years for training.
- The length of the training period is not longer than that customarily required by the establishment and other establishments in the community to provide trainees with the required skills, technical information and other facts which the trainee will need to learn in order to become competent on the job for which they are being trained.
- Provision is made for related instruction for the individual veteran or eligible person who may need it.
- The establishment must have adequate space, equipment, instructional material, and instructor personnel to provide satisfactory training on the job.
- Adequate records are kept to show the progress made by the veteran or eligible person toward his or her job objective and available for review to representatives of the Veterans Administration and/or the State Approving Agency at their request.
- Appropriate credit will be given the trainee for previous training or experience, whether obtained in the military service or elsewhere. The beginning wage must be adjusted to the level to which credit for prior training and experience advances the trainee, and the training period will be reduced proportionately.
- A signed copy of the training agreement for each veteran or eligible person, including the approved training program and wage scale, must be provided by the employer to the trainee, the VA Regional Office, and the State Approving Agency. The employer retains a copy for their files.
- Upon completion of the training, the trainee will be given a certificate by the employer indicating the length, type of training provided, and that the trainee has completed the program of training satisfactorily.
- All records pertaining to the training program, including payroll records, are to be kept for a period of three years after completion of the training; and available to representatives of the State Approving Agency or Veterans Administration at their request.

**Interested employers should contact  
state approving agency at (406) 444-4122.**

# REQUIREMENTS FOR APPROVAL OF AN ON-THE-JOB/ APPRENTICESHIP TRAINING PROGRAM

- Must be entry level training for a specific job objective. Entry-level means that no previous experience or education is required for the position. For example, mechanic, carpenter, police officer, etc.
- Laborer, gas station attendant and similar positions cannot be approved.
- Wages are to be paid by a set salary schedule and not by commission. There must be at least one increase in wages during the length of the training period.
- Training position must be under direct or immediate supervision.
- The length of the OJT program must be at least six months, but not more than 24 months, unless it qualifies for approval as an apprenticeship program.
- The length of an apprenticeship program must be a minimum of 2,000 hours or two years.

## IS THE TRAINEE ELIGIBLE?

### Veterans

- Must be less than **10 years** from date of discharge from active duty.
- Chapter 30, 32 and 34 veterans who are eligible for benefits, can use them for OJT and Apprenticeship training, if employed and being trained for the job.
- May be some exceptions from the above:
  - Dependents of veterans
  - Medical reasons
  - Delimiting date extension
  - Others

### National Guard and Reservists

- Must have a total of six years obligation after October 1, 1990.
- Contact local Unit Administrator to determine eligibility.
- Obtain copy of DD 2384, DD 2384-1 or DA 4836 whichever is appropriate.

The trainee must submit a VA form 22-1990, Application for Education Benefits, to VA for determination of eligibility. Eligible veterans, national guard or reservists can receive their GI Benefits in addition to their salary when enrolled in a firm's approved training program.

Receiving benefits under the "GI Bill" can be thought of as a two-step process. The first step is to have the program of education or training approved by the appropriate State Approving Agency. The second step is for the trainee to make application to the DVA for educational benefits. Applying to the DVA for benefits involves the determination of eligibility for the trainee.

# PROCEDURES FOR APPLICATION & APPROVAL

1. Firms/businesses seeking approval for On-The-Job or Apprentice Training should contact the State Approving Agency at:  
  
Office of Public Instruction  
Veterans Education  
PO Box 202501  
Helena, Montana 59620-2501  
(406) 444-4122
2. We will mail you the appropriate application materials. The application form varies depending on if your program is OJT, a DOL Registered apprenticeship program or a non-registered apprenticeship program.
3. Complete the application and return it to our office. (Please contact us with any questions.)
4. As a part of the approval process, a representative from the State Approving Agency must visit with each business before a program can be approved. It is possible for the State Approving Agency to backdate a program as much as 12 months, making it possible for a veteran to be paid benefits retroactively.
5. We will assist you to with:
  - The application form.
  - VA Form 22-8794 - \*Designation of Certifying Officials
  - Other VA forms needed for the veteran to receive benefit. (22-1990, 22-1995)
6. Once approved, your firm will receive an approval packet which will include:
  - Letter of approval
  - Copy of approved application
  - Copy of VA Form 22-8794 - Designation of Certifying Official

## **\*Certifying Official**

The Certifying Official is a representative of the training facility who is authorized to sign and submit VA documents verifying a veteran's enrollment, change in status, and any other circumstances that affect the amount or duration of veteran's educational assistance benefits.

## **Sample Application for Approval**

The following "Sample Application Form" includes (\*Guidelines) for completing the Application for Approval of an On-The-Job or Apprenticeship Training Program and uses the job objective of "Mechanic" as an example.



Montana  
Office of Public Instruction  
Denise Juneau, State Superintendent

opi.mt.gov

# Application for Approval of Veterans Training On-the-Job Training Program

The information listed below must be completed and returned to this office at the above address to initiate the approval process.

Name of Company or Facility **John Doe's Garage** (Area Code) Telephone **406-444-0000**

Postal Address **PO Box 999** City/State/ZIP Code **Anytown, MT 59000**

Physical Address **100 Main St.** City/State/ZIP Code **Anytown, MT 59000**

Training Program Manager/Company Training Officer **John Doe** Title **Owner**

FAX Number **406- 123-4567** E-mail Address **jdoe@yahoo.com**

Job Title of Training Objective **Mechanic**

Description of Fully Trained Employee's Duties

Enter a brief description of the job description.

1. Normal Length of Training Program: 24 (months) [Minimum 6 months; maximum 24 months.]

2. Current Base Wage Rate For Trained Employee: \$ \$18.37 Per Hour/Month/Year

3. Work Hours per Week (Normal): 40

NOTE: Must be at least 30 hours per week unless covered by a bonafide collective bargaining agreement.

4. Recognized Holidays: (Check)

☒ New Years Day

☐ Presidents Day

☒ Labor Day

☐ Martin Luther King Day

☐ Independence Day

☐ Memorial Day

☒ Thanksgiving

☒ Christmas

☐ Other: \_\_\_\_\_

5. The Wage Scale is based on satisfactory progress as listed in Table A or Table B, indicating the actual wages (Table A) or the percentave of fully trained (Table B) the trainee shall receive for the duration of training. (Use appropriate number of blocks to equal length of program.)

- The starting rate shall be at least 50% of the base fully trained rate.
- Wage increases will be regular and periodic.
- The final wage will be at least 85% of the fully trained wage.

Note: Rules 5b and 5c do not apply to federal, state, and local government training programs approved after October 1, 1998.

TABLE A

\_\_\_\_\_ **6** \_\_\_\_\_ Months @ \$ **12.75** \_\_\_\_\_  
 \_\_\_\_\_ **6** \_\_\_\_\_ Months @ \$ **14.50** \_\_\_\_\_  
 \_\_\_\_\_ **6** \_\_\_\_\_ Months @ \$ **12.50** \_\_\_\_\_  
 \_\_\_\_\_ **6** \_\_\_\_\_ Months @ \$ **16.79** \_\_\_\_\_  
 \_\_\_\_\_ Months @ \$ \_\_\_\_\_  
 \_\_\_\_\_ Months @ \$ \_\_\_\_\_  
 \_\_\_\_\_ Months @ \$ \_\_\_\_\_  
 \_\_\_\_\_ Months @ \$ \_\_\_\_\_

TABLE B

\_\_\_\_\_ Months @ \_\_\_\_\_ %  
 \_\_\_\_\_ Months @ \_\_\_\_\_ %  
 \_\_\_\_\_ Months @ \_\_\_\_\_ %  
 \_\_\_\_\_ Months @ \_\_\_\_\_ %  
 \_\_\_\_\_ Months @ \_\_\_\_\_ %  
 \_\_\_\_\_ Months @ \_\_\_\_\_ %  
 \_\_\_\_\_ Months @ \_\_\_\_\_ %  
 \_\_\_\_\_ Months @ \_\_\_\_\_ %

## 6. Scheduled vacation periods are as follows:

- ☐ One week after 6 months      ☐ Other \_\_\_\_\_  
☒ One week after 1 year      (Specify) \_\_\_\_\_

## 7. I certify the following:

- a. The signed training agreement will include the wage scale and training plan included in this application or amendments to this application and submitted to the State Approving Agency and the VA.
- b. A copy of the indenture agreement will be furnished each veteran, to include a copy of the training outline.
- c. The wages paid to a veteran are not less than the wages paid to non-veteran employees.
- d. The veteran will be under close supervision and will be retained only if satisfactory training progress is maintained.
- e. This training will not be given to an eligible veteran who is already qualified by training and experience for the job. The length of the training period is not longer than that customarily required to train a person to an average level of competency.
- f. I will advise the Department of Veterans Affairs and the Montana State Approving Agency of the entry, termination, or interruption in training of a veteran or benefit eligible person.
- g. There is reasonable certainty that the job for which the veteran is trained will be available to him/her at the end of the training period.
- h. I will notify the Montana State Approving Agency or the Department of Veteran Affairs of any **proposed change** in information listed in this application, including:
  - Wage Schedule Changes
  - Training Plan Adjustments
  - Leave or Holiday Schedules

8. The firm will maintain adequate records of employment, progress, and wages paid to the veteran and make these records, together with other such records, as required by state and federal laws, available to state and federal agencies. **Such records must be maintained for a period of three years after the trainee has completed or left training.** Should the company discontinue operations, veteran's records should be forwarded to the State Approving Agency for maintenance. Records will be maintained at (office location) 100 Main St. Anytown MT.

9. The following supplemental related training is required to complete the program:

Name of Program or Location of Training	Assignment Hours
<b>Electrical Repair Correspondence Cus</b>	<b>144</b>

10. A listing of tasks or areas to be trained and approximate number of hours in each area. total hours should equate to 2000 hours per year for a normal 40-hour work week program.

A listing in similar format may be attached to this application. Write "see attachment" on first line if applicable.

### Work Exerience Schedule

Task or Topic	Hours
Arc and Acetylene Welding	400
Diesel Engine repair and Main.	800
Electrical repair and Main.	275
Hydraulic repair and Main.	700
Equipment Maintenance	275
Power train repair and Main.	700
Removing & Replacing Parts	600
Safety procedures	50
Shop Procedures	200
TOTAL PROGRAM HOURS	4000

I agree to an initial and subsequent inspections and visitations by the Montana State Approving Agency and the Department of Veterans Affairs.

Signature of Company Official (Authorized to make above declarations)	Title	Date
--------------------------------------------------------------------------	-------	------

## **DESIGNATION IF CERTIFYING OFFICIAL(S)**

### **VA FORM 22-8794**

This form provides to the DVA and the State Approving Agency, those signatures of the firms' officials that should be accepted on documents sent to the Department of Veterans Affairs and the State Approving Agency.

The Certifying Official is a representative of the training facility who is authorized to sign and submit DVA documents verifying a veteran's enrollment, change in status, and any other circumstances that affect the amount or duration of veteran's educational assistance benefits. Records must be kept showing:

- the work process (series of tasks an apprentice/trainee must perform to progress toward the training objective); and
- related training (organized and systematic form of instruction designed to provide an apprentice/trainee knowledge of the theoretical and technical subjects related to the trade - classroom study, correspondence course, and/or self-study).

Submit this form with the original application to the State Approving Agency.



## DESIGNATION OF CERTIFYING OFFICIAL(S)

### GENERAL INSTRUCTIONS

1. This form **MUST ONLY** be completed by a responsible official with the authority to designate certifying officials for the school or training establishment.
2. This form must be completed whenever there is a change in any of the information. Include the names, titles, and signatures of all certifying officials, not just the changed information.

### SPECIFIC INSTRUCTIONS

1. Item 1: Enter the complete name and address of the school or training establishment.
2. Item 2: Enter the certifying official's telephone number.
3. Item 3: Enter the certifying official's fax number.
4. Item 4: Enter the certifying official's e-mail address. As an alternative, you may enter the e-mail address for the office where the certifying official works.
5. Item 5A: Enter the complete name and title for each designated certifying official. Have each person sign the form on the same line as his or her name and title. If any of the certifying officials have limited jurisdiction, note such limitations in Item 6, "Remarks". Use space below if needed.
6. Item 5B: If facsimile (e.g., rubber stamp) signatures will be used for any certifying officials, enter a sample in the appropriate block. In addition, have the individual initial next to the sample.
7. Item 5C: If veterans and other eligible persons will be claiming individualized tutorial assistance, complete these blocks.
8. Items 7 and 8: Sign and date the form. The person signing the form must be a person of significant authority, i.e., registrar, academic dean, or higher.

**PURPOSE:** This form is used to provide the names and signatures of those individuals who are authorized to certify enrollment information to the Department of Veterans Affairs.

1. NAME AND ADDRESS OF SCHOOL OR TRAINING ESTABLISHMENT *(Include ZIP Code)*

**FOR VA USE ONLY**

2. TELEPHONE NUMBER(S) OF CERTIFYING OFFICIAL(S) *(Include Area Code)*

3. FAX NUMBER OF CERTIFYING OFFICIAL(S) *(Include Area Code)*

4. E-MAIL ADDRESS OF CERTIFYING OFFICIAL(S)

### 5. THE FOLLOWING ARE DESIGNATED AS CERTIFYING OFFICIALS OF THIS SCHOOL OR TRAINING ESTABLISHMENT

A. OFFICIALS DESIGNATED TO SIGN VA ENROLLMENT CERTIFICATIONS, CERTIFICATIONS OF CHANGE IN STUDENT STATUS, CERTIFICATIONS OF DELIVERY OF ADVANCE PAYMENTS, CERTIFICATIONS OF PURSUIT, ATTENDANCE, FLIGHT TRAINING, ON-THE-JOB OR APPRENTICESHIP TRAINING (AS APPLICABLE), OTHER CERTIFICATIONS OF ENROLLMENT ARE:

NO.	NAME	TITLE	SIGNATURE
(1)			
(2)			
(3)			
(4)			

B. THE USE OF THE FOLLOWING FACSIMILE (e.g., rubber stamp) SIGNATURES FOR THE OFFICIALS LISTED IN ITEM 5A ABOVE ARE AUTHORIZED.

(1)		(2)	
(3)		(4)	

<b>5. THE FOLLOWING ARE DESIGNATED AS CERTIFYING OFFICIALS OF THIS SCHOOL OR TRAINING ESTABLISHMENT (Continued)</b>			
<b>C. FOR POSTSECONDARY EDUCATIONAL INSTITUTIONS ONLY - OFFICIALS DESIGNATED TO SIGN THE SCHOOL PORTION OF VA FORM 22-1990T, APPLICATION AND ENROLLMENT CERTIFICATION FOR INDIVIDUALIZED TUTORIAL ASSISTANCE ARE:</b>			
NO.	NAME	TITLE	SIGNATURE
(1)			
(2)			
(3)			
<b>6. REMARKS</b>			
<b>It is hereby certified that</b> the Department of Veterans Affairs will be notified of any changes in the designations shown on this form as they occur.			
<b>7. SIGNATURE AND TITLE OF DESIGNATING OFFICIAL</b>			<b>8. DATE</b>
<b>PENALTY</b> - The law provides that whoever makes any statement of a material fact knowing it to be false shall be punished by fine or imprisonment or both.			
<p>Privacy Act Notice: The VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 5, Code of Federal Regulations 1.526 for routine uses as identified in the VA system of records, 58VA21/22, Compensation, Pension, Education and Rehabilitation Records - VA, and published in the Federal Register. An example of a routine use is allowing VA to send educational forms or letters with a veteran's identifying information to the veteran's school or training establishment to (1) assist the veteran in the completion of claims forms or (2) for VA to obtain further information as may be necessary from the school for VA to properly process the veteran's education claim or to monitor his or her progress during training. Your obligation to respond is required to obtain or retain benefits. VA cannot recognize you as the proper certifying official unless the information is furnished as required by existing law (38 U.S.C. 3680(g)). The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted by applicants, recipients, and others is subject to verification through computer matching programs with other agencies.</p>			
<p>Important Notice About Information Collection: We need this information to identify you as the certifying official for your school or job training establishment when reporting pursuit of training for veterans and other eligible persons (38 U.S.C. 3684). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 10 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at <a href="http://www.whitehouse.gov/library/omb/OMBINVC.html#VA">www.whitehouse.gov/library/omb/OMBINVC.html#VA</a>. If desired, you can call 1-888-GI-BILL-1 (1-888-442-4551) to get information on where to send comments or suggestions about this form.</p>			

## GENERAL INSTRUCTIONS (VA FORM 22-8794)

1. This form **MUST ONLY** be completed by a responsible official with the authority to designate certifying officials for the school or training establishment.
2. This form must be completed whenever there is a change in any of the information. Include the names, titles, and signatures of all certifying officials, not just the changed information.

## SPECIFIC INSTRUCTIONS

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6. Item 5B: If facsimile (e.g., rubber stamp) signatures will be used for any certifying officials, enter a sample in the appropriate block. In addition, have the individual initial next to the sample.
7. Item 5C: If veterans and other eligible persons will be claiming individualized tutorial assistance, complete these blocks.
8. Items 7 and 8: Sign and date the form. The person signing the form must be a person of significant authority, i.e., registrar, academic dean, or higher.

## THE TRAINING AGREEMENT

The training agreement is an agreement *between* the employer and the veteran/guardsman. It indicates what the training will involve and what the salary will be for that period of time. For an apprenticeship training program has been registered with the State of Montana Department of Labor, a copy of the Standards and Agreement must be provided by the owner with the application.

If the training program is not registered with the State of Montana, VA Form 22-8864 (non-registered training agreement form) will be provided by the State Approving Agency. The VA Form 22-8864 is also used for on-the-job training programs.

The DVA requires a copy of the signed training agreement when the trainee applies for their educational benefits.

# Department of Veterans Affairs

## OTHER ON-THE-JOB TRAINING AND APPRENTICESHIP TRAINING AGREEMENT AND STANDARDS (TRAINING PROGRAMS OFFERED UNDER 38 U.S.C. 3677 AND 3678)

**PRIVACY ACT INFORMATION:** No training assistance may be paid under this program unless a training agreement, as approved by the Department of Veterans Affairs (VA), is signed by the employer and the trainee. The information you submit is considered confidential (38 U.S.C. 5701) and may be disclosed outside VA only if the disclosure is authorized under the Privacy Act, including the routine uses identified in the VA system of records, 58VA21/22, Compensation, Pension, Education and Rehabilitation Records - VA, published in the Federal Register.

**RESPONDENT BURDEN:** VA may not conduct or sponsor, and respondent is not required to respond to this collection of information unless it displays a valid OMB control Number. Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have comments regarding this burden estimate or any other aspect of this collection of information, call 1-800-827-1000 for mailing information on where to send your comments.

**INSTRUCTIONS TO ESTABLISHMENT:** This form has been furnished to you because you have expressed interest in providing training to veterans and their eligible dependents. If you desire, a VA education benefits specialist will provide assistance with the proper completion of this form. To obtain desired assistance, contact the VA regional office. The telephone number is listed in your local telephone directory under "U.S. Government," or "Department of Veterans Affairs." After this form has been signed by you and the trainee, submit copies 1 and 2 to the VA regional office. Copy 3 is for your records. Copy 4 should be given to the trainee.

### PART I - GENERAL INFORMATION

1. NAME AND ADDRESS OF ESTABLISHMENT ENTERING INTO TRAINING AGREEMENT <b>John Doe's Garage</b>		2. NAME AND ADDRESS OF TRAINEE ENTERING INTO TRAINING AGREEMENT <b>Vincent V. Veteran</b>	
3. TRAINEE'S SOCIAL SECURITY NUMBER <b>777-93-4444</b>	4. TRAINEE'S VA FILE NUMBER	5. DATE OF BIRTH <b>2-24-74</b>	6. TRAINEE'S JOB TITLE OR TRADE <b>Mechanic</b>
7. LENGTH OF PROGRAM	8. CREDIT FOR PREVIOUS TRAINING/EXPERIENCE	9. DATE TRAINING BEGINS	
10. LENGTH OF TIME REMAINING TO BE COMPLETED <b>24 months</b>	11. LENGTH OF PROBATIONARY PERIOD <b>None</b>	12. FACILITY CODE <b>6-1-02</b>	13. DOTCODE
		<b>FOR VA USE ONLY</b> ➔	

### PART II - TRAINING AGREEMENT

14. SPECIFIC QUALIFICATIONS FOR TRAINEES		15. NUMBER OF TRAINEES PER INSTRUCTOR OR NUMBER OF APPRENTICES TO JOURNEYWORKERS (Ratio)	
16. WAGE PROGRESSION TOWARD THE JOURNEYWORKER WAGE			
NOTE: Trainees who receive credit for previous experience shall be paid wage rate of the period to which such credit advances them.			
A. PERIOD	B. NUMBER OF MONTHS	C. WAGE	C. WAGE LEVEL
1ST	6	\$12.50 PER Hr.	6TH \$ PER HR
2ND	6	\$12.75 PER Hr.	7TH \$ PER
3RD	6	\$14.50 PER Hr.	8TH \$ PER HR
4TH	6	\$16.79 PER Hr.	9TH \$ PER HR
5TH		\$ PER	10TH \$ PER HR
D. PRESENT FULLY TRAINED WAGE RATE OR JOURNEYWORKER WAGE RATE			
\$18.37 PER hour			

17A. WORK PROCESSES IN WHICH TRAINEE WILL RECEIVE INSTRUCTION OR WILL BE TRAINED (List the various operations or tasks to be learned with a brief narrative description and the length of time devoted to each. If additional space is required, please continue on a separate sheet.)		17B. NUMBER OF HOURS OF TRAINING
Arc and Acetylene Welding		400
Diesel Engine Repair and Maint		800
Electrical Repair and Maint.		275
Hydraulic Repair and Maint.		700
Equipment Maint.		275
Power Train repair and Maint.		700
Removing and Replacing Parts		600
Safety procedures		50
Shop Procedures		200
TOTAL		4000

18A. COURSE CURRICULUM UNITS, OR TRAINING OUTSIDE THE JOB NECESSARY FOR THIS TRADE (If required)	18B. LOCATION OF RELATED TRAINING/INSTRUCTION
The Establishment and the Trainee enter into this agreement in conformity with the Training Standards shown on the reverse side of this form which have been approved by the Department of Veterans Affairs. Carefully read these standards before signing below.	

19. SIGNATURE OF TRAINEE  <b>Vincent V. Veteran</b>	20. SIGNATURE AND TITLE OF ESTABLISHMENT DESIGNEE  <b>John M. Doe</b>
The signing of this agreement binds the parties to compliance with the Agreement and Training/Apprenticeship Standards.	

**COPY 1**

## Other On-The-Job Training Standards

- I. **HOURS AND SUPERVISION**—The trainee shall work the same hours as the instructor and shall work under the supervision of the instructor at all times.
- II. **SAFETY AND HEALTH TRAINING**—The trainee will receive instruction on the job as to safe and healthful work practices. Such instruction shall include training regarding safety regulations, reporting of accidents, and availability of first aid medical facilities. The establishment shall also ensure that the trainee is trained in facilities and other environments that are safe and healthful.
- III. **ADMINISTRATIVE PROCEDURES**—The following shall be the responsibility of the participating establishment:
  - A. To see that all trainees are covered by written agreement.
  - B. To notify the VA Regional Office in writing of any interruption or termination of training.
  - C. To maintain a record of each trainee showing his/her experience and progress in learning the occupation until 3 years after completion of the training program.
- IV. **COMPLIANCE WITH TITLE VI, CIVIL RIGHTS ACT OF 1964**—The establishment agrees to comply with the provisions of Title VI, Civil Rights Act of 1964.
- V. **COMPLIANCE WITH TRAINING STANDARDS**—These standards, as approved by the Department of Veterans Affairs, are made a part of the Training Agreement applying hereto. The signing of the Agreement in Items 19 and 20 on the reverse, binds the parties to compliance with these standards. Every trainee entering into an Other On-the-Job Training Agreement will be given a copy of the Agreement and with these Standards. Two copies will be forwarded to the Department of Veterans Affairs. The terms of this training agreement are in conformance with the requirements of section 21.4262, Title 38, Code of Federal Regulations.

## Apprenticeship Training Standards

- I. **DEFINITION AND TERM OF APPRENTICESHIP**—The term “apprentice” shall mean a person at least \_\_\_\_\_ years of age who is employed to learn a skilled trade pursuant to the terms of a written Apprenticeship Agreement with the establishment. The Agreement will provide for (a) not less than \_\_\_\_\_ years of reasonably continuous employment, (b) participation of the apprentice in an approved schedule of work experience through employment, and (c) at least 144 hours per year of supplemental instruction in subjects related to the trade.
- II. **QUALIFICATIONS OF APPRENTICESHIP APPLICANTS**—Apprenticeship applicants for this trade shall be between the ages of \_\_\_\_\_ and \_\_\_\_\_ and should be, if possible, high school graduates or the equivalent and be able to meet the requirements of the trade.
- III. **PROBATIONARY PERIOD**—All apprentices employed in accordance with these standards shall be subject to a probationary period not exceeding the first \_\_\_\_\_ of the term of apprenticeship. During this period, the Apprenticeship Agreement may be terminated at the request of either party to the Agreement.
- IV. **HOURS AND SUPERVISION**—The apprentice shall work the same hours as the journeyworker and shall work under the supervision of the journeyworker at all times.
- V. **WAGE PROGRESSION**—This standard must include a uniform, progressive schedule of wages.
- VI. **RELATED SCHOOL INSTRUCTION**
  - A. Each apprentice shall enroll in and attend classes in subjects related to this trade for not less than 144 hours per year during the term of apprenticeship. Apprentice related training should be arranged through local education agencies, the Community College system, or the private vocational school system. If institutional training is not available locally, a correspondence course applicable to the trade, or an individualized instruction program of classroom training in the training establishment will be substituted.
  - B. Failure on the part of the apprentice to regularly attend classes and/or progress satisfactorily in approved related training will be deemed sufficient cause to drop the apprentice from the entire training program.
  - C. Trade journals, manuals, books, publications, etc., applicable to the trade may be used in supervised training.
  - D. The minimum of 144 related training hours per year are not classified as hours of employment unless given during regular working hours for which wages are paid.
  - E. Curriculum content is described in Items 18A and 18B of the Apprenticeship Agreement.
- VII. **SAFETY AND HEALTH TRAINING**—The apprentice shall receive instruction on the job as to safe and healthful work practices. Such instruction shall include training regarding safety regulations, reporting of accidents, and availability of first aid medical facilities. The apprenticeship sponsor shall also ensure that the apprentice showing his/her experience and progress in learning the occupation until three years after completion of the training program.
- VIII. **ADMINISTRATIVE PROCEDURES**—The following shall be the responsibility of the participating establishment:
  - A. To see that all apprentices are covered by a written agreement.
  - B. To notify the VA Regional Office in writing of any interruption or termination of training.
  - C. To maintain a record of each apprentice showing his/her experience and progress in learning the occupation until three years after completion of the training program.
- IX. **GRANTING CERTIFICATE OF COMPLETION OF APPRENTICESHIP**—After satisfactory completion of apprenticeship under these standards, each apprentice shall be furnished with a Certificate of Completion of Apprenticeship.
- X. **COMPLIANCE WITH TITLE VI, CIVIL RIGHTS ACT OF 1964**—The establishment agrees to comply with the provisions of Title VI, Civil Rights Act of 1964.
- XI. **COMPLIANCE WITH APPRENTICESHIP STANDARDS**—These standards, as approved by the Department of Veterans Affairs, are made a part of the Apprenticeship Agreement applying hereto. The signing of the Agreement in Items 19 and 20 on the reverse, binds the parties to compliance with these standards. Every apprentice entering into an Apprenticeship Training Agreement will be given a copy of these standards. Two copies will be forwarded to the Department of Veterans Affairs. The terms of this training agreement are in conformance with the requirements of section 21.4261, Title 38, Code of Federal Regulations.

## WORK RECORDS

Work records are to be completed as the program progresses, by the trainee. They are to be reviewed by the supervisor and kept on file at the firm. Work records must be maintained for at least three years after termination of training.

Compliance of DVA regulations relating to progress is met through the maintenance of these records. Failure to maintain work records may result in the trainee losing his/her benefits or the withdrawal of State Approving Agency approval.

The monthly work records are kept on file at the firm.

# Sample Monthly Work Record

Firm Name: John Doe's Garage  
 Trainee: Vincent V. Veteran

Address: Main Street, Anytown, Montana 59000  
 Effective Date: 6/1/02

Job Objective: Mechanic Regular Work Week 40

	Training Schedule	Hours Assigned	This Month	Previous Total	Total To Date
A	Arc and Acetylene Welding	400	10	50	60
B	Diesel Engine Repair and Maintenance	800	29	100	129
C	Electronic Repair and Maintenance	275	12	25	37
D	Hydraulic Repair and Maintenance	700	49	100	149
E	Maintenance of Equipment	275	8	25	33
F	Power Train Repair and Maintenance	700	49	100	149
G	Removing and Replacing Parts	600	11	100	111
H	Safety Procedures	50	4	1	5
I	Shop Procedures	200	4	15	19
J					
K					
L					
M					

Supervisor's Signature John Q. Doe

Month June

Year 2000

(Record number of hours worked daily at each task)

Date	Week Day	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
1	Wed.					1	6		1								
2	Thurs.		2		2		4										
3	Fri.		1	1	3		3										
4	Sat.																
5	Sun.																
6	Mon.	1	2	2		2		1									
7	Tues.						5	2		1							
8	Wed.	1			6			1									
9	Thurs.	1		2	3	1				1							
10	Fri.				6	1				1							
11	Sat.																
12	Sun.																
13	Mon.				6		2										
14	Tues.		6					2									
15	Wed.		6				2										
16	Thurs.			4		2			2								
17	Fri.	4	1		1		1			1							
18	Sat.																
19	Sun.																
20	Mon.						8										
21	Tues.				4		4										
22	Wed.				6			2									
23	Thurs.	1			5			2									
24	Fri.	2	2	2		1			1								
25	Sat.																
26	Sun.																
27	Mon.		1		3		4										
28	Tues.		4		2		2										
29	Wed.		4	1			2	1									
30	Thurs.				2		6										
31																	
TOTAL FOR MONTH																	

The monthly work record should be kept on file at the firm.

**At this point, the veteran's application for benefits step one is complete.** Theoretically, the firm and their program are approved. Now the trainee should apply for their benefits. Applying to the DVA for benefits involves the determination of eligibility for the trainee.

The second step is for the trainee to make application to the Department of Veterans Affairs for educational benefits at the following address:

DVA Regional Office  
PO Box 66869  
St Louis, MO 63166-6869

Fax: (314) 552-9707

## VA Form 22-1990

The VA Form 22-1990 is the application for a trainee who **has not used** any of their benefits. The trainee should complete all items as appropriate. Be sure to sign the form.



## APPLICATION FOR VA EDUCATION BENEFITS (VA FORM 22-1990)

Use this form to apply for educational assistance under the following benefit programs:

- Post- 9/11 GI Bill chapter 33 of title 38, U.S. Code
- Montgomery GI Bill (MGIB) chapter 30 of title 38, U.S. Code
- Montgomery GI Bill - Selected Reserve (MGIB-SR) chapter 1606 of title 10, U.S. Code
- Reserve Educational Assistance Program (REAP) chapter 1607 of title 10, U.S. Code
- Post-Vietnam Era Veterans' Educational Assistance Program (VEAP) chapter 32 of title 38, U.S. Code, or section 901 or section 903 of Public Law 96-342

### INFORMATION AND INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR VA EDUCATION BENEFITS

Do not use this form to apply for Vocational Rehabilitation and Employment benefits (chapter 31 of title 38, U.S. Code), Dependents Educational Assistance benefits (chapter 35 of title 38, U.S. Code), Transfer of Entitlement, or National Call to Service (section 510 of title 10, U.S. Code). These benefits require different application forms that can be completed on-line and printed at [www.va.gov/vaforms](http://www.va.gov/vaforms) or can be obtained from the nearest VA regional office. They may also be available where you received this application.

**INTERNET VERSION AVAILABLE** - You may complete and submit this application on-line at [www.gibill.va.gov](http://www.gibill.va.gov). Click "Apply On Line" and select the "Education" option.

**VA VOCATIONAL AND EDUCATIONAL COUNSELING HELP AVAILABLE** - If you need help planning your individual educational and career goals, VA offers a wide range of counseling services to help you make these decisions. Services include educational and vocational guidance and such testing as necessary for you to develop a greater understanding of your skills, talents, and interests. For further information on VA counseling, call VA toll-free at 1-888-GI-BILL-1 (1-888-442-4551) or TDD at (800) 829-4833.

NOTE: The numbers on the instructions match the item numbers on the application. Items not mentioned are self-explanatory.

#### Part II

(This section provides an overview of the general eligibility requirements for various education programs. Additional requirements not listed on this form may be necessary.)

**ITEM 9A.** You may be eligible for benefits under the Post-9/11 GI Bill, also referred to as chapter 33, if you served at least 90 aggregate days on active duty (excluding entry level and skill training) after September 10, 2001. You may also qualify if you were discharged due to a service-connected disability after serving at least 30 continuous days on active duty after September 10, 2001.

**ITEM 9B.** You may be eligible for the Montgomery GI Bill, also referred to as MGIB or chapter 30, if you served on active duty and meet certain conditions. NOTE: You do not have to be on active duty to apply for benefits under this program. You must meet any one of the following conditions (there are additional requirements):

You first entered service on or after July 1, 1985, and you didn't decline this benefit at your initial entry into service

OR

You entered service (or agreed to delayed entry) before January 1, 1977, and you have educational assistance entitlement remaining under the Vietnam Era GI Bill (also known as "chapter 34")

OR

You were voluntarily separated under the Voluntary Separation Incentive (VSI) or Special Separation Benefit (SSB) programs and had your military pay reduced by \$1,200

OR

You were involuntarily separated from active duty after February 2, 1991,

OR

You were on active duty and a participant in the Post-Vietnam Era Veterans' Educational Assistance Program (VEAP) program on or before October 9, 1996, or you first entered the National Guard under title 32, U.S. Code, between July 1, 1985, and November 28, 1989, you elected chapter 30 benefits between October 9, 1996, and October 8, 1997, and you paid \$1,200

OR

You were on active duty and eligible for VEAP benefits on October 9, 1996, you elected chapter 30 benefits between November 1, 2000, and October 31, 2001, and you paid \$2,700.

**ITEM 9C.** You may be eligible for the Montgomery GI Bill - Selected Reserve Educational Assistance Program, also known as MGIB-SR or chapter 1606, if you are a member of the Selected Reserve and meet certain requirements, including a 6-year commitment. (The Departments of Defense and Homeland Security determine eligibility for this program.)

To expedite processing, attach a copy of your DD 2384, Selected Reserve Educational Assistance Program (GI BILL) Notice of Basic Eligibility. This form is also called a "NOBE." Your reserve unit should have issued this notice to you when you became eligible for the Montgomery GI Bill - Selected Reserve Educational Assistance Program. If you are unable to locate your copy, request a duplicate from your reserve unit.

**ITEM 9D.** You may be eligible for benefits under the Reserve Educational Assistance Program (REAP), also known as chapter 1607, if you are a member of the Ready Reserve and were called or ordered to active service to support a contingency operation for at least 90 consecutive days on or after September 11, 2001. (The Department of Defense and Homeland Security determine eligibility for this program.)

Attach a copy of any notice of eligibility to this program that you have received from your service component. Also, attach a copy of your orders showing you were called up to active service. If you do not have a copy of your orders, request a duplicate from your unit.

**ITEM 9E.** You may be eligible for benefits under the Post-Vietnam Era Veterans' Educational Assistance Program (VEAP), also known as Chapter 32, if your service began on or after January 1, 1977, and before July 1, 1985, and you contributed to a VEAP account. You may be eligible for benefits under the Post-Vietnam Era Non-Contributory Veterans' Educational Assistance Program, also known as "Non-Contributory VEAP" or Section 903", if your service began on or after November 30, 1980, and before October 1, 1981, and your branch of service paid contributions into your VEAP account.

**ITEM 9F.** If you are eligible for MGIB, MGIB-SR, OR REAP, you must elect to give up eligibility under the program for which you are eligible in order to receive benefits under the Post-9/11 GI Bill (chapter 33). If you are eligible for more than one of the programs listed (MGIB, MGIB-SR, and REAP), you are only required to give up one of the programs for which you are eligible in order to receive benefits under the Post-9/11 GI Bill. You may not receive more than a total of 48 months of benefits under two or more programs. If you elect chapter 33 in lieu of chapter 30, your months of entitlement under chapter 33 will be limited to the number of months of entitlement remaining under chapter 30 on the effective date of your election. However, if you completely exhaust your entitlement under chapter 30 before the effective date of your chapter 33 election, you may receive up to 12 additional months of benefits under chapter 33. If you wish to elect to receive benefits under the Post-9/11 GI Bill, check the box next to the program (only check one box) you are giving up.

NOTE: An election to give up benefits under an existing program and receive benefits under the Post-9/11 GI Bill is **IRREVOCABLE**. You should carefully consider your decision before completing this section. If you need more information to make a choice, you should visit our website at [www.gibill.va.gov](http://www.gibill.va.gov) or call our toll-free customer service number at 1-888-GIBILL-1 (1-888-442-4551).

### **PART III**

**ITEM 10A.** Self explanatory, except for the following items:

"Vocational Flight Training." You must already have a private pilot's license. If you are taking an Airline Transport Pilot course, you must have a valid first-class medical certificate on the date that you enter training. For all other flight courses, you must have a valid second-class medical certificate on the date that you enter training.

"National Test Reimbursement." You can be reimbursed for the cost of approved tests for admission to, or credit at, institutions of higher learning.

"Licensing or Certification Test Reimbursement." A licensing test is a test offered by a state, local, or federal agency that is required by law to practice an occupation. A certification test is a test designed to provide affirmation of an individual's qualifications in a specific occupation. Examples include EMT, CPA, MCSE, CCNP, etc.

"Tuition Assistance Top-Up" This benefit is payable only under MGIB and the Post-9/11 GI Bill programs. You can receive benefits to pay you for the difference between what the military pays with Tuition Assistance (TA) and the total costs of these courses.

### **PART VIII**

*QUESTIONS ARE ONLY FOR APPLICANTS WHOSE SERVICE BEGAN BEFORE JANUARY 1, 1977, (or delayed entry before January 2, 1978).* If you are currently married or if you have children under age 18 (under age 23 if in school), you should complete and return VA Form 21-686c. If your children are in school, you should also complete and return VA Form 21-674 for each child. If your parent(s) are dependent on you for financial support, you should complete and return VA Form 21-509. These forms may require additional documentation. VA cannot pay any additional benefits for dependents without properly completed forms and documentation. You can find VA forms 21-686c, 21-674, and 21-509 on-line at [www.va.gov/vaforms](http://www.va.gov/vaforms).

### **ADDITIONAL HELP**

If you need more help in completing this application, call VA TOLL FREE at 1-888-GI-BILL-1 (1-888-442-4551). If you are hearing impaired, call us toll-free at 1-800-829-4833. You can also get education assistance after normal business hours at our education Internet site [www.gibill.va.gov](http://www.gibill.va.gov).

### **HOW TO FILE YOUR CLAIM**

Be sure to do the following:

**(A) If you have selected a school or training establishment:**

Step 1: Mail the completed application to the VA Regional Processing Office for the region of that school's physical address. See next page for the addresses of these VA Regional Processing Offices.

Step 2: Tell the veterans certifying official at your school or training establishment that you have applied for VA education benefits. Ask him or her to send your enrollment information using VA Form 22-1999, Enrollment Certification, or its electronic version.

Step 3: Wait for VA to process your application and notify you of its decision concerning your eligibility for education benefits.

**(B) If you haven't selected a school or training establishment:**

Step 1: Mail the completed application to the VA Regional Processing Office for the region of your home address. See next page for the addresses of these VA Regional Processing Offices.

Step 2: Wait for VA to process your application and notify you of its decision concerning your eligibility for education benefits.

<b>Eastern Region:</b> <b>VA Regional Office</b> <b>P.O. Box 4616</b> <b>Buffalo, NY 14240-4616</b>			
Serves the following states:			
CT	DE	DC	ME
MD	MA	NH	NJ
NY	OH	PA	RI
VT	VA	WV	Foreign Schools

<b>Central Region:</b> <b>VA Regional Office</b> <b>P.O. Box 66830</b> <b>St. Louis, MO 63166-6830</b>			
Serves the following states:			
CO	IA	IL	IN
KS	KY	MI	MN
MO	MT	NE	ND
SD	TN	WI	WY

<b>Western Region:</b> <b>VA Regional Office</b> <b>P.O. Box 8888</b> <b>Muskogee, OK 74402-8888</b>			
Serves the following states:			
AK	AR	AZ	CA
HI	ID	LA	NM
NV	OK	OR	PHILIPPINES
TX	UT	WA	GUAM
APO/FPO AP			

<b>Southern Region:</b> <b>VA Regional Office</b> <b>P.O. Box 100022</b> <b>Decatur, GA 30031-7022</b>			
Serves the following states:			
AL	FL	GA	MS
NC	PR	SC	US Virgin Islands
APO/FPO AA			

Privacy Act Notice: The VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or title 38, Code of Federal Regulations, section 1.576 for routine uses (e.g., VA sends educational forms or letters with a veteran's identifying information to the veteran's school or training establishment to (1) assist the veteran in the completion of claims forms or (2) for the VA to obtain further information as may be necessary from the school for the VA to properly process the veteran's education claim or to monitor his or her progress during training) as identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education, and Vocational Rehabilitation and Employment Records - VA, and published in the Federal Register. Your obligation to respond is required to obtain or retain education benefits. Giving us your SSN account information is voluntary. Refusal to provide your SSN by itself will not result in the denial of benefits. The VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by a Federal Statute of law enacted before January 1, 1975, and still in effect. The requested information is considered relevant and necessary to determine the maximum benefits under the law. While you do not have to respond, VA cannot process your claim for education assistance unless the information is furnished as required by existing law (38 U.S.C. 3471). The responses you submit are considered confidential (38 U.S.C. 5701). Any information provided by applicants, recipients, and others may be subject to verification through computer matching programs with other agencies.

Respondent Burden: We need this information to determine your eligibility for education benefits (38 U.S.C. 3471). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 15 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB (Office of Management and Budget) control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at [www.whitehouse.gov/omb/library/OMBINV.VA.EPA.html#VA](http://www.whitehouse.gov/omb/library/OMBINV.VA.EPA.html#VA). If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.



Department of Veterans Affairs

# APPLICATION FOR VA EDUCATION BENEFITS

(See attached Information and Instructions)

INTERNET VERSION AVAILABLE - You may complete and send your application over the Internet at: [www.gibill.va.gov](http://www.gibill.va.gov)

## PART I - APPLICANT INFORMATION

<b>1. SOCIAL SECURITY NUMBER OF APPLICANT</b> <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <div style="border-bottom: 1px solid black; width: 100px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 100px;"></div> </div> </div>	<b>2. SEX OF APPLICANT</b> <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> MALE         <input type="checkbox"/> FEMALE       </div>	<b>3. APPLICANT'S DATE OF BIRTH</b> <div style="display: flex; justify-content: space-between;"> <div style="border-bottom: 1px solid black; width: 100px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 100px;"></div> </div>						
<b>4. NAME (First, Middle Initial, Last)</b> <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <div style="border-bottom: 1px solid black; width: 150px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 250px;"></div> </div> </div>								
<b>5. APPLICANT'S ADDRESS</b> <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <b>Number and Street</b>  <div style="border: 1px solid black; height: 20px; width: 100%;"></div> </div> <div style="width: 35%;"> <b>Apt./Unit Number</b>  <div style="border: 1px solid black; height: 20px; width: 100%;"></div> </div> </div> <div style="margin-top: 5px;"> <b>City, State, ZIP Code</b>  <div style="border: 1px solid black; height: 20px; width: 100%;"></div> </div> </div>								
<b>6A. APPLICANT'S TELEPHONE NUMBERS (Include Area Code)</b> <div style="display: flex; justify-content: space-between;"> <div> <b>Primary:</b> <div style="border: 1px solid black; width: 100px; height: 20px;"></div> </div> <div> <b>Secondary:</b> <div style="border: 1px solid black; width: 100px; height: 20px;"></div> </div> </div>								
<b>6B. APPLICANT'S E-MAIL ADDRESS (If applicable)</b> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>								
<b>7. DIRECT DEPOSIT (Attach a voided personal check or provide the following information. Direct Deposit is not available for VEAP)</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <b>Routing or Transit Number</b>  <div style="border: 1px solid black; height: 20px; width: 100%;"></div> </div> <div style="width: 30%;"> <b>Account Type</b>  <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> Checking           <input type="checkbox"/> Savings         </div> </div> <div style="width: 30%;"> <b>Account Number</b>  <div style="border: 1px solid black; height: 20px; width: 100%;"></div> </div> </div>								
<b>8. PLEASE PROVIDE THE NAME, ADDRESS, AND PHONE NUMBER OF SOMEONE WHO WILL ALWAYS KNOW WHERE YOU CAN BE REACHED</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">A. NAME</th> <th style="width: 33%;">B. ADDRESS</th> <th style="width: 33%;">C. PHONE NUMBER</th> </tr> </thead> <tbody> <tr> <td style="height: 40px;"></td> <td></td> <td></td> </tr> </tbody> </table>			A. NAME	B. ADDRESS	C. PHONE NUMBER			
A. NAME	B. ADDRESS	C. PHONE NUMBER						

## PART II - EDUCATION BENEFIT BEING APPLIED FOR *See instructions for benefit eligibility criteria*

- ☐ 9A. Chapter 33 - Post-9/11 GI Bill (Complete 9F if you are eligible for chapter 30, chapter 1606, or chapter 1607)
- ☐ 9B. Chapter 30 - Montgomery GI Bill Educational Assistance Program (MGIB)
- ☐ 9C. Chapter 1606 - Montgomery GI Bill - Selected Reserve Educational Assistance Program (MGIB-SR)
- ☐ 9D. Chapter 1607 - Reserve Educational Assistance Program (REAP)
- ☐ 9E. Chapter 32 or Section 903 - Post-Vietnam Era Veterans' Educational Assistance Program (VEAP)
- ☐ 9F. Chapter 33 Election (Complete only if this is your first request for chapter 33 and you are eligible for one of the benefits listed below)
- By electing Chapter 33, I acknowledge that I understand the following:
- I may not receive more than a total of 48 months of benefits under two or more programs.
  - If electing chapter 33 in lieu of chapter 30, my months of entitlement under chapter 33 will be limited to the number of months of entitlement remaining under chapter 30 on the effective date of my election. However, if I completely exhaust my entitlement under chapter 30 before the effective date of my chapter 33 election, I may receive up to 12 additional months of benefits under chapter 33.
  - My election is **irrevocable** and may not be changed.
- I elect to receive chapter 33 education benefits in lieu of the education benefit checked below, effective \_\_\_\_\_.
- I understand that my election is irrevocable and may not be changed. (Check only one) (date)
- ☐ Chapter 30 - Montgomery GI Bill Educational Assistance Program (MGIB)
 ☐ Chapter 1606 - Montgomery GI Bill - Selected Reserve Educational Assistance Program (MGIB-SR)
 ☐ Chapter 1607 - Reserve Educational Assistance Program (REAP)

## PART III - TYPE AND PROGRAM OF EDUCATION OR TRAINING

<b>10A. TYPE OF EDUCATION OR TRAINING (See instructions for additional information)</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> COLLEGE OR OTHER SCHOOL (Including on-line courses)  <input type="checkbox"/> VOCATIONAL FLIGHT TRAINING  <input type="checkbox"/> NATIONAL TEST REIMBURSEMENT (SAT, CLEP, ETC.)  <input type="checkbox"/> LICENSING OR CERTIFICATION TEST REIMBURSEMENT (MCSE, CCNA, EMT, NCLEX, ETC.)         </div> <div style="width: 45%;"> <input type="checkbox"/> APPRENTICESHIP OR ON-THE-JOB  <input type="checkbox"/> CORRESPONDENCE  <input type="checkbox"/> TUITION ASSISTANCE TOP-UP (Chapter 30 &amp; 33 only)         </div> </div>	<b>VA DATE STAMP</b> (Do Not Write In This Space)
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------

SOCIAL SECURITY NUMBER OF APPLICANT

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10B. PROVIDE THE FULL NAME AND ADDRESS OF THE SCHOOL, IF KNOWN *(Skip this item if you are only applying for National Test Reimbursement, Licensing and Certification Test Reimbursement, or Tuition Assistance Top-Up)*

10C. PLEASE SPECIFY YOUR EDUCATIONAL OR CAREER OBJECTIVE, IF KNOWN *(e.g. Bachelor of Arts in Accounting, welding certificate, police officer, etc.)*

#### PART IV - SERVICE INFORMATION

NOTE: It will help VA process your claim if you send a copy of the following:

- DD Form 214 (Member 4) for all periods of active duty service (excluding active duty for training)
- DD Form 2384, Notice of Basic Eligibility (NOBE) if applying for Chapter 1606
- Copies of orders if activated from the guard/reserves

11. ARE YOU NOW ON ACTIVE DUTY? *(Do not check "Yes" if you are currently on drilling status in the the Selected Reserve, or if you are on active duty for training)*

☐ YES ☐ NO

12. ARE YOU NOW ON TERMINAL LEAVE JUST BEFORE DISCHARGE?

☐ YES ☐ NO *(Please provide a copy of your DD Form 214 (Member 4) when issued)*

#### 13. PLEASE COMPLETE THE FOLLOWING FOR EACH PERIOD OF MILITARY SERVICE

A. DATE ENTERED	B. DATE SEPARATED	C. SERVICE COMPONENT <i>(USN, USAF, USAR, ARNG, ETC.)</i>	D. SERVICE STATUS <i>(Active duty, drilling reservist, IRR, etc.)</i>	E. WERE YOU INVOLUNTARILY CALLED TO ACTIVE DUTY FOR THIS PERIOD?
9/26/2000	9/24/2004	USMC (EXAMPLE)	ACTIVE DUTY	NO
1/18/2005	8/14/2007	USMCR	DRILLING	N/A
8/15/2007	Present	USMC	ACTIVE DUTY	YES

#### PART V - EDUCATION AND EMPLOYMENT INFORMATION

14A. DID YOU RECEIVE A HIGH SCHOOL DIPLOMA OR HIGH SCHOOL EQUIVALENCY CERTIFICATE? *(If "Yes" provide date)*

☐ YES DATE: \_\_\_\_\_ ☐ NO

14B. DO YOU HOLD ANY FAA FLIGHT CERTIFICATES? *(If "Yes," specify each certificate in Part IX, Remarks)*

☐ YES ☐ NO

#### 14C. EDUCATION AFTER HIGH SCHOOL *(Including apprenticeship, on-the-job training, and flight training)*

NAME AND LOCATION OF COLLEGE OR OTHER TRAINING PROVIDER	DATES OF TRAINING		NUMBER AND TYPE OF HOURS <i>(Semester, Quarter, or Clock)</i>	DEGREE, DIPLOMA, OR CERTIFICATE RECEIVED	MAJOR FIELD OR COURSE OF STUDY
	FROM	TO			

SOCIAL SECURITY NUMBER OF APPLICANT

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## 14D. EMPLOYMENT (Only complete if you held a license or journeyman rating to practice a profession)

EMPLOYMENT	PRINCIPAL OCCUPATION	NUMBERS OF MONTHS WORKED	LICENSE OR RATING
BEFORE MILITARY SERVICE			
AFTER MILITARY SERVICE			

**PART VI - ENTITLEMENT TO AND USAGE OF ADDITIONAL TYPES OF ASSISTANCE**

15. DID YOU MAKE ADDITIONAL CONTRIBUTIONS (UP TO \$600.00) TO INCREASE THE AMOUNT OF YOUR MONTHLY BENEFITS? IF "YES," IT WILL HELP VA PROCESS YOUR CLAIM IF YOU SUBMIT ANY EVIDENCE YOU HAVE TO SUPPORT YOUR CLAIM (e.g., cash collection voucher, leave and earnings statement(s), receipt voucher, etc.)	<input type="checkbox"/> YES <input type="checkbox"/> NO
16. DO YOU QUALIFY FOR A KICKER (sometimes called a "College Fund") BASED ON YOUR MILITARY SERVICE? (Kickers are additional amounts contributed by DOD to an education fund). If you qualify for a kicker, it will help VA process your claim if you submit a copy of the kicker contract. Reserve kicker contracts must include the amount and effective date.	<b>ACTIVE DUTY KICKER</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>RESERVE KICKER</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
17. IF YOU GRADUATED FROM A MILITARY SERVICE ACADEMY, SPECIFY THE YEAR YOU GRADUATED AND RECEIVED YOUR COMMISSION.	Graduation Year
18. WERE YOU COMMISSIONED AS THE RESULT OF A SENIOR ROTC (Reserve Officers Training Corps) SCHOLARSHIP? If you received your commission through a non-scholarship program, check "No." If "Yes," provide the date of your commission and the amount of your scholarship for each school year you were in the Senior ROTC program. Don't report your monthly subsistence allowance (stipend).  Scholarship Amounts:  Year: _____ Amount: _____  Year: _____ Amount: _____  Year: _____ Amount: _____  Year: _____ Amount: _____  Year: _____ Amount: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO   Date of Commission _____
19. ARE YOU CURRENTLY PARTICIPATING IN A SENIOR ROTC SCHOLARSHIP PROGRAM THAT PAYS FOR YOUR TUITION, FEES, BOOKS AND SUPPLIES UNDER SECTION 2107 OF TITLE 10, U.S. CODE?	<input type="checkbox"/> YES <input type="checkbox"/> NO
20. IF YOU HAD A PERIOD OF ACTIVE DUTY THAT THE DEPARTMENT OF DEFENSE COUNTS FOR PURPOSES OF REPAYING AN EDUCATION LOAN, CHECK "YES". SHOW THE PERIOD OF ACTIVE DUTY THAT THE MILITARY CONSIDERS AS BEING USED FOR THE PURPOSES OF REPAYING THIS EDUCATION LOAN IN PART IX "REMARKS".	<input type="checkbox"/> YES <input type="checkbox"/> NO
21. <b>FOR ACTIVE DUTY CLAIMANTS ONLY:</b> ARE YOU RECEIVING, OR DO YOU ANTICIPATE RECEIVING, ANY MONEY (INCLUDING BUT NOT LIMITED TO FEDERAL TUITION ASSISTANCE) FROM THE ARMED FORCES OR PUBLIC HEALTH SERVICE FOR THE COURSE FOR WHICH YOU HAVE APPLIED TO THE VA FOR EDUCATION BENEFITS? IF YOU RECEIVE SUCH BENEFITS DURING ANY PART OF YOUR TRAINING, CHECK "YES." NOTE: IF YOU ARE ONLY APPLYING FOR TUITION ASSISTANCE TOP-UP, CHECK NO IN THIS ITEM.	<input type="checkbox"/> YES <input type="checkbox"/> NO
22. <b>FOR CIVILIAN EMPLOYEES OF THE U.S. GOVERNMENT ONLY:</b> ARE YOU RECEIVING, OR DO YOU ANTICIPATE RECEIVING, ANY MONEY (INCLUDING, BUT NOT LIMITED TO, THE GOVERNMENT EMPLOYEES TRAINING ACT) FROM YOUR AGENCY FOR THE SAME PERIOD FOR WHICH YOU HAVE APPLIED TO THE VA FOR EDUCATION BENEFITS? IF YOU WILL RECEIVE SUCH BENEFITS DURING ANY PART OF YOUR TRAINING, CHECK "YES."	<input type="checkbox"/> YES <input type="checkbox"/> NO

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**PART VII - INFORMATION ON VA EDUCATION BENEFITS**

NOTE: The most current information on VA education benefits is available online at [www.gibill.va.gov](http://www.gibill.va.gov)  
 If you would like to receive a printed pamphlet check here. ☐

**PART VIII - MARITAL AND DEPENDENCY STATUS**

NOTE : Only complete this section if you have military service before January 1, 1977 (or delayed entry before January 2, 1978). See instructions.

22. ARE YOU MARRIED?

☐ YES ☐ NO

23. DO YOU HAVE ANY CHILDREN WHO ARE UNDER AGE 18, **OR** OVER 18 BUT UNDER AGE 23, NOT MARRIED AND ATTENDING SCHOOL, **OR** OF ANY AGE PERMANENTLY HELPLESS FOR MENTAL OR PHYSICAL REASONS?

☐ YES ☐ NO

24. DO YOU HAVE A PARENT WHO IS DEPENDENT UPON YOU FOR FINANCIAL SUPPORT?

☐ YES ☐ NO

**PART IX - REMARKS**

(If more space is needed, please attach a separate sheet of paper. Be sure to include your name and social security number on each sheet)

**APPLICATION SUBMISSION REMINDERS**

Did you remember to .....

- Write your social security number on each page?
- Write your complete mailing address?
- Attach all supporting documents (e.g. voided check, orders, DD214, kicker contract, NOBE, cash collection voucher, etc.)?

IF SO, PLEASE SIGN AND DATE THE APPLICATION BELOW

**PART X - CERTIFICATION AND SIGNATURE OF APPLICANT**

I CERTIFY THAT all statements in my application are true and correct to the best of my knowledge and belief. If on active duty, I also certify that I have consulted with an Education Service Officer (ESO) regarding my education program.

PENALTY - Willful false statements as to a material fact in a claim for education benefits is a punishable offense and may result in the forfeiture of these or other benefits and in criminal penalties.

25A. SIGNATURE OF APPLICANT (*DO NOT PRINT*)

25B. DATE SIGNED

## **VA Form 22-1995**

If benefits have been used previously, then the trainee will not use VA Form 22-1995. The trainee should complete all items as appropriate. Be sure to sign the form.



Department of Veterans Affairs

## REQUEST FOR CHANGE OF PROGRAM OR PLACE OF TRAINING

### PART I - IDENTIFICATION AND PERSONAL INFORMATION

1A. NAME OF APPLICANT ( <i>First, Middle, Last</i> )		VA DATE STAMP DO NOT WRITE IN THIS SPACE
1B. MAILING ADDRESS ( <i>Complete street address, City, State, and 9-digit ZIP Code</i> )		
1C. APPLICANT'S TELEPHONE NUMBER ( <i>Including Area Code</i> )		1D. VA FILE NUMBER
DAY	EVENING	
1E. APPLICANT'S E-MAIL ADDRESS		1F. SOCIAL SECURITY OF APPLICANT ( <i>For transferability cases, enter the veteran's social security number</i> )

### PART II - YOUR PROGRAM INFORMATION

2. EDUCATION BENEFIT YOU WANT TO RECEIVE ( <i>Only Select One</i> )		
A. <input type="checkbox"/> CHAPTER 33 ( <i>Post-9/11 GI BILL</i> )	C. <input type="checkbox"/> CHAPTER 32 ( <i>Veterans Educational Assistance Program including section 903</i> )	E. <input type="checkbox"/> CHAPTER 1607 ( <i>Reserve Educational Assistance Program</i> )
B. <input type="checkbox"/> CHAPTER 30 ( <i>Montgomery GI Bill - Active Duty</i> )	D. <input type="checkbox"/> CHAPTER 1606 ( <i>Montgomery GI Bill- Selected Reserve</i> )	F. <input type="checkbox"/> TRANSFER OF ENTITLEMENT PROGRAM
3. HOW WILL YOU TAKE TRAINING?		
A. <input type="checkbox"/> SCHOOL ATTENDANCE	D. <input type="checkbox"/> COOPERATIVE TRAINING	G. <input type="checkbox"/> LICENSING & CERTIFICATION TEST
B. <input type="checkbox"/> CORRESPONDENCE	E. <input type="checkbox"/> TUITION ASSISTANCE TOP-UP ( <i>Active Duty Only</i> )	H. <input type="checkbox"/> NATIONAL ADMISSIONS EXAMS OR NATIONAL EXAMS FOR CREDIT
C. <input type="checkbox"/> APPRENTICESHIP OR ON-THE-JOB TRAINING	F. <input type="checkbox"/> FLIGHT TRAINING	
4A. WHAT EDUCATION, PROFESSIONAL OR VOCATIONAL GOAL ARE YOU WORKING TOWARD?		4B. WHAT IS THE NAME OF THE PROGRAM YOU ARE REQUESTING?
4C. IF CHANGING SCHOOLS, GIVE NAME AND COMPLETE ADDRESS OF <b>NEW</b> SCHOOL OR TRAINING ESTABLISHMENT YOU ARE PLANNING TO ATTEND ( <i>If applicable</i> )		4D. NAME AND COMPLETE ADDRESS OF <b>OLD</b> OR CURRENT SCHOOL OR TRAINING ESTABLISHMENT
4E. TELL US <b>WHEN</b> AND <b>WHY</b> YOU STOPPED TRAINING AT YOUR PRIOR SCHOOL OR ESTABLISHMENT. CONTINUE IN REMARKS, ITEM 10, OR ON A SEPARATE SHEET IF NECESSARY.		

### PART III - DIRECT DEPOSIT INFORMATION

5. DIRECT DEPOSIT INFORMATION ( <i>Complete this item only if you wish to start direct deposit or your direct deposit information has changed.</i> ) Please attach a voided personal check or provide the information in items A through D below. NOTE: Direct Deposit is not available for the Post-Vietnam Era Educational Assistance Program (chapter 32) nor for section 903.		
A. TYPE OF ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS		
B. NAME OF FINANCIAL INSTITUTION	C. 9 DIGIT ROUTING OR TRANSIT NUMBER	D. ACCOUNT NUMBER

VA FORM  
NOV 2008

**22-1995**

SUPERSEDES VA FORM 22-1995, DEC 2005, WHICH WILL NOT BE USED.

<b>PART IV - MISCELLANEOUS INFORMATION</b>					
<b>6. INFORMATION ON DEPENDENTS (COMPLETE THIS ITEM ONLY IF YOU SERVED BEFORE JANUARY 1, 1977 (or had a delayed entry before January 2, 1978) AND YOU CURRENTLY HAVE DEPENDENTS.)</b>					
<b>QUESTIONS</b>		<b>YES (✓)</b>		<b>NO (✓)</b>	
A. ARE YOU CURRENTLY MARRIED?					
B. DO YOU HAVE ANY CHILDREN WHO ARE :					
(1) UNDER AGE 18 OR					
(2) OVER 18 BUT UNDER AGE 23, NOT MARRIED AND ATTENDING SCHOOL? OR					
(3) OF ANY AGE PERMANENTLY HELPLESS FOR MENTAL OR PHYSICAL REASONS?					
C. IS EITHER YOUR FATHER OR MOTHER DEPENDENT UPON YOU FOR FINANCIAL SUPPORT?					
<b>7. RECENT PERIODS OF SERVICE (PERIODS OF ACTIVE DUTY SINCE YOUR INITIAL PERIOD OF ACTIVE DUTY.)</b> Please complete this section for each period of your active duty since your initial period of active duty if you have not previously reported this information. It will help VA process your claim if you attach a certified copy of "Member 4 Copy" of your DD Form 214 for <b>each period</b> of active service. <i>(Don't report Active Duty for Training.)</i>					
A. BRANCH OF SERVICE AND RESERVE OR GUARD COMPONENT SERVING IN DURING ACTIVE DUTY	B. BEGINNING AND ENDING DATES OF ACTIVE DUTY	C. WERE YOU INVOLUNTARILY CALLED TO ACTIVE DUTY FOR THIS PERIOD? <i>(If yes send in copies of your orders)</i> YES (✓)      NO (✓)		D. WHAT WAS THE CHARACTER OF YOUR DISCHARGE?  E. IF THIS ACTIVE DUTY IS NATIONAL GUARD DUTY, INDICATE IF AUTHORITY IS TITLE 10 (FEDERAL) OR TITLE 32 (STATE). <i>(ATTACH COPIES OF ANY ORDERS)</i>	
NOTE: DO NOT INCLUDE FULL TIME ASSIGNMENT BY A SERVICE DEPARTMENT TO A CIVILIAN SCHOOL FOR A COURSE OF EDUCATION; ATTENDANCE AT A SERVICE ACADEMY; OR NON-CREDITABLE TIME (TIME LOST BECAUSE OF INDUSTRIAL OR AGRICULTURAL FURLOUGH, ARREST WITHOUT ACQUITTAL, BEING AWOL, DESERTION, SENTENCE OF COURT-MARTIAL, ETC.)					
<b>8. DO YOU EXPECT TO RECEIVE EDUCATIONAL BENEFITS UNDER THE GOVERNMENT EMPLOYEE'S TRAINING ACT (GETA) FOR THE SAME COURSE(S) YOU WILL RECEIVE VA EDUCATION BENEFITS?</b> <i>(Answer only if you are a Federal Government employee)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO					
<b>9. ARE YOU RECEIVING OR DO YOU ANTICIPATE RECEIVING ANY MONEY</b> (including but not limited to Federal Tuition Assistance) FROM THE ARMED FORCES OR PUBLIC HEALTH SERVICE FOR THE COURSE FOR WHICH YOU HAVE APPLIED TO VA FOR EDUCATION BENEFITS? IF YOU WILL RECEIVE SUCH BENEFITS, CHECK "YES." SHOW COMPLETE DETAILS IN THE REMARKS SECTION TO INCLUDE THE SOURCE OF THE FUNDS. NOTE: IF YOU ARE APPLYING FOR THE TUITION ASSISTANCE TOP-UP BENEFIT, CHECK "NO." <i>(Answer only if you are on Active Duty)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO					
<b>10. REMARKS</b>					
<b>PART V - CERTIFICATION AND SIGNATURE OF APPLICANT</b>					
I CERTIFY THAT all statements in my application are true and correct to the best of my knowledge and belief. If on active duty, I also certify that I have consulted with an Education Service Officer (ESO) regarding my education program.					
PENALTY - Willful false statements as to a material fact in a claim for education benefits is a punishable offense and may result in the forfeiture of these or other benefits and in criminal penalties.					
<b>11A. SIGNATURE OF APPLICANT (DO NOT PRINT)</b>  <b>SIGN HERE IN INK ►</b>					<b>11B. DATE SIGNED</b>

## INSTRUCTIONS & INFORMATION

### When Should You Use This Form?

Use this form when:

- you're **changing schools**,
- you're **changing your educational, professional, vocational goal**,
- you **left your program due to unsatisfactory attendance, progress, or conduct**; and you're now **reentering the same program**, or
- you were **receiving VA education benefits as a veteran** and now wish to receive benefits while **on active military duty**.

### INSTRUCTIONS FOR SPECIFIC ITEMS ON THE FORM

Most items on this form are self-explanatory. Here is additional information on certain items.

**Item #4A:** Here are some examples of what we mean by "**goals**":

- Educational goal: GED certificate, high school diploma, bachelor degree, master degree, Ph.D
- Professional goal: lawyer physician, teacher, physical therapist, medical technologist, medical records librarian
- Vocational goal: stenographer, machinist, electronic technician, X-ray technician, radio and TV service technician, automobile mechanic, practical nurse.

**Items #6:** Provide your dependents information **only** if you have military service **before** January 1, 1977 (or delayed entry before January 2, 1978).

**Items #11A and 11B:** Make sure you sign and date these items. If you are currently on active duty, have your Education Service Officer sign and date Items 12A and 12B.

### If You Need Help

If you need help in completing this form, you can contact us through our home page on the Internet. Our website is: **[www.gibill.va.gov](http://www.gibill.va.gov)**. Click on Ask a Question and Find Answers. Or you may call us toll free at 1-888-GI-BILL-1 (1-888-442-4551.) If you're hearing impaired, call 1-800-829-4833. Please call 1-800-827-1000 if you want a VA counselor to help you in planning your program.

### TO FILE THIS FORM:

#### (A) If you have selected a school or training establishment,

**Step 1:** Mail the completed form to the VA Regional Processing Office in the region of that school's or establishment's physical address. Determine the correct office from the list below.

**Step 2:** Notify the veterans certifying official at your school or training establishment that you have applied for VA education benefits. Ask him or her to submit your enrollment information using VA Form 22-1999, Enrollment Certification, or its electronic version.

**Step 3:** Wait for VA to process your application and notify you of our decision concerning your continued eligibility for education assistance.

#### (B) If you have not selected a school or training establishment,

**Step 1:** Mail the completed form to the VA Regional Processing Office in the region of your home address. Determine the correct office from the list below.

**Step 2:** Wait for VA to process your application and notify you of our decision concerning your continued eligibility for educational assistance.

Eastern Region: VA Regional Office P.O. Box 4616 Buffalo, NY 14240-4616			
Serves the following states			
CT	DE	DC	ME
MD	MA	NH	NJ
NY	OH	PA	RI
VT	VA	WV	Foreign Schools
Central Region: VA Regional Office P.O. Box 66830 St. Louis, MO 63166-6830			
Serves the following states			
CO	IA	IL	IN
KS	KY	MI	MN
MO	MT	NE	ND
SD	TN	WI	WY
Western Region: VA Regional Office P.O. Box 8888 Muskogee, OK 74402-8888			
Serves the following states			
AK	AR	AZ	CA
HI	ID	LA	NM
NV	OK	OR	Philippines
TX	UT	WA	
Southern Region: VA Regional Office P.O. Box 100022 Decatur, GA 30031-7022			
Serves the following states			
AL	FL	GA	MS
NC	PR	SC	US Virgin Islands

**PRIVACY ACT NOTICE:** The VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or title 38, Code of Federal Regulations, section 1.526 for routine uses (e.g. VA sends educational forms or letters with a veteran's identifying information to the veteran's school or training establishment to (1) assist the veteran in the completion of claims forms or (2) for the VA to obtain further information as may be necessary from the school for the VA to properly process the veteran's education claim or to monitor his or her progress during training) as identified in the VA system of records, 58VA21/22, Compensation, Pension, Education and Rehabilitation Records - VA, and published in the Federal Register. Your obligation to respond is required to obtain or retain education benefits. The requested information is considered relevant and necessary to determine the maximum benefits under the law. While you do not have to respond, VA cannot process your claim for education assistance unless the information is furnished as required by existing law (38 U.S.C. 3471). The responses you submit are considered confidential (38 U.S.C. 5701). Any information provided by applicants, recipients, and others may be subject to verification through computer matching programs with other agencies.

**RESPONDENT BURDEN:** We need this information to determine your continued eligibility to VA education benefits (38 U.S.C. 3471). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 20 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at [www.whitehouse.gov/omb/library/OMBIN.VA.EPA.html#VA](http://www.whitehouse.gov/omb/library/OMBIN.VA.EPA.html#VA). If desired, you can call 1-888-GI-BILL-1 (1-888-442-4551) to get information on where to send comments or suggestions about this form.

## **VA Form 22-1999—Enrollment Certification**

VA makes payment to the trainee based on the information you enter on this form. The employer must complete a VA form 22-1995 for each trainee.

If you are reporting retroactive hours worked, both the certifying official and the trainee need to sign and date the information included in item 14.

Complete side B of the form only. Do not complete sign A. The firm needs to complete items 1- 7, 10A, 10B, 10C, 10D, 12A, 12B, 12C, 12D, and 12 E. All other sections of this form do not need to be completed.

These forms should be included with the application. The State Approving Agency will send this form to the DVA with the approval document.



Department of Veterans Affairs

## INSTRUCTIONS AND CERTIFICATIONS FOR VA ENROLLMENT CERTIFICATION (VA FORM 22-1999)

**IMPORTANT:** Use **Side A** for Institutions of Higher Learning (IHL) or schools providing non-college degree (NCD) training. Use **Side B** for flight, correspondence, and apprenticeship or on-the-job training programs. Use the VA-ONCE (VA Online Certification) application to file this information electronically. Contact your Education Liaison Representative (ELR) for assistance.

Read the Certifications below before completing **EITHER** Items 19D and 19E on Side A **OR** Items 12D and 12E on Side B. **COMPLETE ONLY ONE SIDE OF THIS FORM.** If completing Side B, pull out the carbon and reverse before completing that side. Ensure that VA Copy 1 is on top.

### CERTIFICATIONS

#### IT IS HEREBY CERTIFIED THAT:

- (1) This institution has exercised reasonable diligence in meeting all applicable requirements of Title 38, U.S. Code, and any failure by the institution to meet any requirements of the law will be reported promptly to VA;
- (2) The course or courses certified are approved by the State Approving agency and are generally acceptable to meet requirements for the student's educational, professional, or vocational objective;
- (3) No course certified is a repetition of any course previously satisfactorily completed except as permitted by VA regulations;
- (4) This institution holds no power of attorney agreement authorizing the institution to negotiate VA educational assistance allowance checks;
- (5) FOR PRIVATELY OWNED SCHOOLS: The student certified is not an owner or officer of the school nor is the student certified as an official authorized to sign enrollment certifications;
- (6) This institution agrees to report promptly to VA any enrollment change and any change due to unsatisfactory progress, conduct, or attendance. Promptly means within 30 days of the enrollment change. (Except for students receiving benefits under chapter 33, the institution need not report an enrollment change for a student who was in full-time attendance before the change and in full-time attendance after the enrollment change.);
- (7) Check "Yes," if the student is a Yellow Ribbon Program participant;
- (8) FOR ENROLLMENTS UNDER CHAPTERS 30, 32, 33, 1606, and 1607: All the 85-15 ratio requirements have been satisfied.

### INSTITUTIONS OF HIGHER LEARNING OR SCHOOLS PROVIDING NON-COLLEGE DEGREE TRAINING

#### IT IS HEREBY CERTIFIED THAT:

- (9) FOR ENROLLMENTS REQUESTING ADVANCE PAYMENT: It is agreed that the initial check for this enrollment period will be mailed to the school for temporary care and delivery to the student upon registration but not more than 30 days before the commencement of training. It is understood that the completion of a certificate of delivery will normally be required upon delivery of the advance payment;
- (10) IF CERTIFYING "GUEST STUDENT," place the name of the primary institution in Item 17, "Remarks";
- (11) FOR NONCREDIT DEFICIENCY, REMEDIAL, OR REFRESHER COURSES: The courses certified in Item 9B are needed by the student in order to pursue a program of education at this institution.
- (12) YELLOW RIBBON PROGRAM: If applicable, enter the amount of Yellow Ribbon Program contributions your institution is making on behalf of the student for each term, quarter, or semester.

### FLIGHT TRAINING

#### IT IS HEREBY CERTIFIED THAT:

- (13) The student has a Private Pilot's Certificate. I certify that a copy of the student's Class II Medical Certificate as of the beginning date of the course is on file at this institution. If the student is enrolled in an Airline Transport Pilot course, I certify that a copy of the student's valid Class I Medical Certificate as of the beginning date of the course is on file at this institution. For all initial enrollment certifications, I have placed the name and date of the medical certificate in Item 11, "Remarks" on Side B.

### APPRENTICESHIP AND OTHER OJT PROGRAMS

#### IT IS HEREBY CERTIFIED THAT:

- (14) The employer will immediately notify VA once the trainee receives the journeyman wage. Exceptions to this rule include training on a Davis-Bacon job, or a job in a geographic location with a different wage scale.

### SPECIAL INSTRUCTIONS

**ADVANCE PAYMENT INFORMATION** - Veterans and other claimants must complete Items 15A and 15B on Side A to request an advance payment of education benefits. Upon receipt of a timely request and enrollment information, VA will pay the veteran or claimant an advance payment of his or her education benefits. An advance payment is part of the first month and the second month's education benefits. VA will send the payment to the veteran's school for delivery to the veteran or other claimant upon entry into training.

**ACCELERATED PAYMENT INFORMATION** - Claimants must complete Items 16A and 16B on Side A to request an accelerated payment. Only chapter 30, chapter 1606, or chapter 1607 beneficiaries (or beneficiaries receiving transfer-of-entitlement benefits under these chapters) qualify for an accelerated payment. An accelerated payment can only be paid under chapter 30 to claimants in a high technology program. (A list of high technology programs is on the Internet at [www.gibill.va.gov](http://www.gibill.va.gov).) An accelerated payment can only be paid under chapters 1606 or 1607 for claimants pursuing a program to qualify for accelerated payment, the cost of the program must exceed twice the amount of education benefits otherwise payable for that training.

Privacy Act Notice: VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., VA sends educational forms or letters with a veteran's identifying information to the veteran's school or training establishment to (1) assist the veteran in the completion of claims forms or (2) VA obtains further information as may be necessary from the school for VA to properly process the veteran's education claim or to monitor his or her progress during training) as identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education and Vocational Rehabilitation Records - VA, and published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. While you do not have to respond, VA cannot pay the student any further education benefits until we receive the information. We cannot pay the student any education benefits until we receive this information (38 U.S.C. 3684). Your responses are confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.

Respondent Burden: We need this information to determine the student's eligibility for education benefits and the proper amount payable. Title 38, United States Code, allows us to ask for this information. We cannot pay the student any education benefits until we receive this information which schools are required to submit (38 U.S.C. 3684). We estimate that you will need an average of 10 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at [www.whitehouse.gov/omb/library/OMBINV.html#VA](http://www.whitehouse.gov/omb/library/OMBINV.html#VA). If desired, you can call 1-888-GI-BILL-1 (1-888-442-4551) to get information on where to send comments or suggestions about this form.

**NOTE: Tear off and read the Instruction and Certification Sheet before completing the form.**

OMB Control No. 2900-0073  
Respondent Burden: 10 minutes

<b>Department of Veterans Affairs</b>								<b>Side A</b>	
<b>VA ENROLLMENT CERTIFICATION</b>									
<b>IMPORTANT: Side A is for Institutions of Higher Learning or schools offering non-degree training.</b>									
1. NAME OF STUDENT (First, Middle, Last)					2. VA FILE NO. (For chapter 35, include suffix. For transferability cases, enter the veteran's social security number)				
3. CURRENT ADDRESS OF STUDENT					4. SOCIAL SECURITY NUMBER OF STUDENT (If not entered in Item 2)				
5. TYPE OF TRAINING  <input type="checkbox"/> UNDERGRADUATE COLLEGE DEGREE <input type="checkbox"/> FARM COOPERATIVE <input type="checkbox"/> GRADUATE OR ADVANCED PROFESSIONAL <input type="checkbox"/> HIGH SCHOOL <input type="checkbox"/> NON-COLLEGE DEGREE <input type="checkbox"/> COOPERATIVE (Not Farm) <input type="checkbox"/> GUEST STUDENT (Supplemental School) (Complete Item 6C)					6A. NAME OF PROGRAM				
					6B. IS STUDENT MATRICULATED AT YOUR FACILITY? (For VA purposes, a student is matriculated when formally admitted as a degree seeking student) <input type="checkbox"/> YES <input type="checkbox"/> NO				
					6C. IS PARENT SCHOOL LETTER ON FILE? <input type="checkbox"/> YES <input type="checkbox"/> NO				
					7. YELLOW RIBBON RECIPIENT <input type="checkbox"/> YES <input type="checkbox"/> NO				
<b>ENROLLMENT DATA</b>									
8. ENROLLMENT EFFECTIVE DATES (Month, Day, Year)		9. COURSES TAKEN			10. CLOCK HOURS PER WEEK	11. CHARGES FOR PERIODS OF INSTRUCTION		12. YELLOW RIBBON PROGRAM	13. TRAINING TIME (Graduate or Advanced Professional Program)
		CREDIT HOUR COURSE(S)		NON-CREDIT					
		TAKEN IN-RESIDENCE	TAKEN BY DISTANCE LEARNING	REMEDIAL/DEFICIENCY/REFRESHER					
A. BEGIN	B. END	A. HOURS	B. HOURS	C. HOURS	HOURS	A. TUITION	B. FEES	AMOUNT	
<b>14. ADDITIONAL INFORMATION FOR HIGH SCHOOL AND FARM CO-OP COURSES</b>									
A. HIGH SCHOOLS APPROVED ON A UNIT BASIS (Enter the number of high school units for which the student is enrolled)					B. FARM CO-OP ONLY (Is student pursuing course concurrently with substantially full-time agricultural employment averaging at least 40 hours per week?) <input type="checkbox"/> YES <input type="checkbox"/> NO				
<b>ADVANCE PAYMENT REQUEST - (Note: Advance payment is not accelerated payment.) (See Special Instructions.)</b>									
<b>I REQUEST AN ADVANCE PAYMENT</b>		15A. SIGNATURE OF STUDENT					15B. DATE SIGNED		
<b>ACCELERATED PAYMENT REQUEST (Chapters 30, 1606, and 1607)</b> (Note: Accelerated payment is not advance payment.) (See Special Instructions.)									
I am requesting an accelerated payment under either chapter 30, 1606, or 1607. If I am requesting payment under chapter 30, I certify I intend to seek employment in one of the following industries: Biotechnology, Life Science Technologies, Opto-electronics, Computers and Telecommunications, Electronics, Computer-integrated Manufacturing, Material Design, Aerospace, Weapons, or Nuclear Technology.									
<b>I REQUEST AN ACCELERATED PAYMENT (All Chapters)</b>		16A. SIGNATURE OF STUDENT					16B. DATE SIGNED		
17. REMARKS									
<b>NOTE - Complete Item 18 only if course(s) are contracted out to another school or are given at a branch location other than shown in Item 19B. Do not complete Item 18 if course(s) are taken at a branch or extension of a school as defined in 38 CFR 21.4266(c).</b>									
18. NAME AND ADDRESS OF CONTRACT SCHOOL OR BRANCH LOCATION									
<b>CERTIFICATIONS - The provisions described in paragraphs (1) through (14) on the attached sheet are certified.</b>									
19A. FACILITY CODE					19B. SCHOOL NAME AND ADDRESS				
19C. TELEPHONE NUMBER OF CERTIFYING OFFICIAL					19D. SIGNATURE OF CERTIFYING OFFICIAL			19E. DATE SIGNED	

**NOTE: Tear off the Instructions and Certifications sheet before completing the form.**

OMB Control No. 2900-0073  
Respondent Burden: 10 minutes

<b>Department of Veterans Affairs</b>					<b>Side B</b>
<b>VA ENROLLMENT CERTIFICATION</b>					
<b>IMPORTANT: Side B is for flight, correspondence, and apprenticeship or on-the-job training programs.</b>					
1. NAME OF STUDENT (First, Middle, Last)			2. VA FILE NO. (For chapter 35, include suffix. For transferability cases, enter the veteran's social security number)		
3. CURRENT ADDRESS OF STUDENT			4. SOCIAL SECURITY NUMBER OF STUDENT (If not entered in Item 2)		
6. TYPE OF TRAINING <input type="checkbox"/> FLIGHT TRAINING <input type="checkbox"/> CORRESPONDENCE <input type="checkbox"/> APPRENTICESHIP OR OTHER ON-THE-JOB			5. NAME OF PROGRAM		
			7. CREDIT FOR PREVIOUS TRAINING (Not Flight)		
<b>VOCATIONAL FLIGHT TRAINING (See Instructions)</b>					
8A. CREDIT ALLOWED FOR PREVIOUS EDUCATION AND TRAINING					8B. DATE TRAINING BEGAN IN CURRENT COURSE
DUAL	SOLO	GROUND SCHOOL	CERTIFICATES AND RATINGS		
8C. NUMBER OF HOURS/UNITS OF INSTRUCTION IN CURRENT COURSE					8D. TOTAL CHARGES
DUAL	SOLO	GROUND SCHOOL	PRE- AND POST FLIGHT	OTHER	
					\$
<b>CORRESPONDENCE TRAINING</b>					
<b>IMPORTANT: A VA Form 22-1999c, Certificate of Affirmation of Enrollment Agreement, MUST be signed by this student and accompany this certification form before VA can authorize payment for this correspondence course.</b>					
9A. DATE FIRST LESSON SENT TO STUDENT	9B. NUMBER OF LESSONS FOR WHICH STUDENT IS ENROLLED	9C. CHARGE PER LESSON TO STUDENT	9D. WERE ANY LESSONS SERVICED BEFORE THE DATE ENTERED IN ITEM 9A? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "Yes," show lesson number and date serviced in Item 11, "Remarks")</i>		
<b>APPRENTICESHIP AND OTHER ON-THE-JOB TRAINING</b>					
<b>IMPORTANT: A signed copy of the training agreement outlining the training program and wage scale as approved by the State Approving agency or VA, or for apprentices, any document signed by the trainee incorporating this agreement by reference must be attached to this form. (Show monthly number of hours worked to date in Item 11, "Remarks.")</b>					
10A. TRAINING DATES (Month, Day, Year)		10B. TYPE OF TRAINING		10C. NUMBER OF HOURS TRAINEE IS EMPLOYED PER WEEK IN TRAINING PROGRAM	10D. NUMBER OF HOURS IN STANDARD WORK WEEK
BEGINNING	ENDING	<input type="checkbox"/> APPRENTICESHIP  <input type="checkbox"/> OTHER-ON-THE-JOB			
				<b>HRS.</b>	<b>HRS.</b>
				<b>HRS.</b>	<b>HRS.</b>
11. REMARKS					
<b>CERTIFICATIONS - The provisions described in paragraphs (1) through (14) on the attached sheet are certified.</b>					
12A. FACILITY CODE			12B. SCHOOL NAME AND ADDRESS		
12C. TELEPHONE NUMBER OF CERTIFYING OFFICIAL			12D. SIGNATURE OF CERTIFYING OFFICIAL		12E. DATE SIGNED

## Monthly Certification Form

The veteran will receive VA form 22-6553d-1 each month, after they have applied to the Department of Veterans Affairs for their On-The-Job/Apprenticeship Training benefits.

At the end of the month, the trainee should bring this form to the certifying official to be signed. The trainee also signs the form and then the form should be mailed it to the Department of Veterans Affairs (use the envelope which is provided). If this form is not submitted, the educational benefit payments will be interrupted.

We advise the firm not to sign this form until the monthly work record is received from the trainee and placed on file at the firm.

If the trainee does not receive this form, hours worked may be reported on company letterhead. (See sample letter).

NOTE: This form is sent directly to the veteran by the VA. The veteran submits this directly back to the VA and if it is not submitted, the payment of educational benefits will be interrupted. - VA form 22-6553d-1

Department of Veterans Affairs	
MONTHLY CERTIFICATION OF ON-THE-JOB AND APPRENTICESHIP TRAINING	
FOR VA USE ONLY	
VA Regional Office PO Box 68669 St. Louis, MO 63166-6869 Fax: (314) 552-9707	VA FILE NUMBER C-123-456-7891
Vincent V. Veteran 11 South 5th Street Anytown, MT 59000	PAYEE 00
	FACILITY CODE 2-0-2376-41
TYPE TRAINING G	
<b>IMPORTANT</b> DO NOT complete, date or sign prior to last date of period to be certified. Read the instructions carefully. You and the employer should complete, date and sign this form on or after the last day of the month shown in Item 1. If form is destroyed or lost, ask the VA for another form.	

**PRIVACY ACT INFORMATION:** No further monies or benefits may be paid out under this program unless this report is completed and filed as required by existing law and regulations (38 U.S.C. 3880). The information requested on this form will be used to determine continuing eligibility for benefits and proper amount payable. The responses you submit are considered confidential (38 U.S.C. 5701). They may be disclosed outside VA only if the disclosure is authorized under the Privacy Act, including the routine uses identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education and Rehabilitation Records -VA, published in the Federal Register. The requested information is considered relevant and necessary to determine maximum benefits under the law.

**RESPONDENT BURDEN:** Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the VA Clearance Officer (723), 810 Vermont Ave., NW, Washington, DC 20420; and to the Office of Management and Budget, Paperwork Reduction Project (2900-0178), Washington, DC 20503. Do NOT send requests for benefits to these addresses.

**INSTRUCTIONS TO TRAINEE**

**ITEMS 1 AND 2**—Enter the number of hours worked for each month shown. (Include any hours of related training given during working hours.)

**ITEM 3**—Check the appropriate box, and if training has been terminated, complete Items 4 and 5.

**ITEMS 6A, 6B AND 6C**—Check the appropriate box. If you received a wage increase (or decrease) not in accordance with your training agreement, show new wage rate and effective date of rate change.

**ITEM 7**—Use this item for reporting any change in the number of dependents for whom you are receiving additional educational assistance allowance. If you acquire any new dependents, send proof to the VA.

**CHANGE OF ADDRESS**—If you are changing your address permanently, neatly line out the preprinted address and print your new address in the remaining space. Be sure to show ZIP Code.

Sign and date the form in Items 8A and 8B and give the form to your employer or an authorized official of your training establishment for verification.

**INSTRUCTIONS TO EMPLOYER**

NOTE—The trainee is not entitled to VA educational benefits and the VA must be immediately notified if the journeyman wage is being paid to the trainee. Please verify the number of hours worked and other information reported by the trainee with the payroll records. Any differences should be reported in Items 6 and 7. Also use Item 7 for reporting termination because of unsatisfactory conduct or progress. Sign and date the form and return it to the VA Office shown above.

1. MONTHS TO BE CERTIFIED	2. NO. OF HOURS WORKED FOR EACH MONTH SHOWN IN ITEM 1	3. WAS TRAINEE ENROLLED IN AND PURSUING THE APPROVED PROGRAM SHOWN IN ITEM 1? (If "No," complete YES NO Items 4 & 5.)	4. DATE TERMINATED (Mo. Day, Yr.)
June 1-30, 2002	176	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
		5. REASON FOR TERMINATION	
		6A. IS WAGE RATE IN ACCORDANCE WITH TRAINING AGREEMENT? YES NO (If "no," complete Items 6B and 6C.)	6B. RATE
		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	6C. EFFECTIVE DATE
7. REMARKS			

I CERTIFY that the previous statements are true and correct to the best of my knowledge and belief.

PENALTY—Willful false reports concerning benefits payable by the VA may result in fine or imprisonment or both.

8A. SIGNATURE OF TRAINEE	8B. DATE SIGNED
Vincent V. Veteran	July 8, 2002
9A. SIGNATURE AND TITLE OF CERTIFYING OFFICIAL	9B. DATE SIGNED
John M Doe,	July 8, 2002

# Letterhead Stationery

The sample letter below can be used to certify the hours worked when the trainee is applying for their benefits or at anytime during the program to certify hours worked.

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## JOHN DOE'S GARAGE

Main Street  
Anytown, Montana 59000  
(406) 123-4567

Date: May 6, 2007

Name: Vincent Veteran

SS#: 123-45-6789

Job Title: Mechanic

Dear Sirs:

This is to certify the hours of On-The-Job or Apprenticeship Training at our firm for Mechanic, which have been completed for the following months:

March	2002	184 hours
April	2002	164 hours
May	2002	168 hours

6-2-2002

Employer	Employee	Date
John M.	Vincent V. Veteran	

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<b>Eastern Region:</b> <b>VA Regional Office</b> <b>P. O. Box 4616</b> <b>Buffalo, NY 14240-4616</b>			
Serves the following states:			
CT	DE	DC	ME
MD	MA	NH	NJ
NY	OH	PA	RI
VT	VA	WV	Foreign Schools
<b>Central Region:</b> <b>VA Regional Office</b> <b>P. O. Box 66830</b> <b>St. Louis, MO 63166-6830</b>			
Serves the following states:			
CO	IA	IL	IN
KS	KY	MI	MN
MO	MT	NE	ND
SD	TN	WI	WY
<b>Western Region:</b> <b>VA Regional Office</b> <b>P. O. Box 8888</b> <b>Muskogee, OK 74402-8888</b>			
Serves the following states:			
AK	AR	AZ	CA
HI	ID	LA	NM
NV	OK	OR	PHILIPPINES
TX	UT	WA	
<b>Southern Region:</b> <b>VA Regional Office</b> <b>P. O. Box 100022</b> <b>Decatur, GA 30031-7022</b>			
Serves the following states:			
AL	FL	GA	MS
NC	PR	SC	US Virgin Islands

**Privacy Act Notice:** The VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or title 38, Code of Federal Regulations, section 1.526 for routine uses (e.g., VA sends educational forms or letters with a veteran's identifying information to the veteran's school or training establishment to (1) assist the veteran in the completion of claims forms or (2) for the VA to obtain further information as may be necessary from the school for the VA to properly process the veteran's education claim or to monitor his or her progress during training) as identified in the VA system of records, 58VA21/22, Compensation, Pension, Education and Rehabilitation Records - VA, and published in the Federal Register. Your obligation to respond is required to obtain or retain education benefits. Giving us your SSN account information is voluntary. Refusal to provide your SSN by itself will not result in the denial of benefits. The VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by a Federal Statute of law enacted before January 1, 1975, and still in effect. The requested information is considered relevant and necessary to determine the maximum benefits under the law. While you do not have to respond, VA cannot process your claim for education assistance unless the information is furnished as required by existing law (38 U.S.C. 3471). The responses you submit are considered confidential (38 U.S.C. 5701). Any information provided by applicants, recipients, and others may be subject to verification through computer matching programs with other agencies.

**Respondent Burden:** We need this information to determine your eligibility to education benefits (38 U.S.C. 3471). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 1 hour to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB (Office of Management and Budget) control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at [www.whitehouse.gov/omb/library/OMB/INV\\_VA.EPA.html#VA](http://www.whitehouse.gov/omb/library/OMB/INV_VA.EPA.html#VA). If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

**Note:** The following forms must be submitted to the regional office associated with the school/program the veteran is attending. For schools/programs in Montana the regional office is located in St. Louis, Missouri.

- VA Form 22-1990
- VA form 22-1995
- VA Form 22-1999
- VA Form 22-6553d-1
- Company Letterhead - Monthly Certification of OJT/Apprenticeship Training



## THE DEFINITION OF A VETERAN

A **VETERAN** IS NOT AN OUTSIDER TO OUR BUSINESS ... HE/  
SHE'S OUR REASON FOR EXISTENCE.

A **VETERAN** IS NOT AN INTERRUPTION OF OUR WORK ... HE/  
SHE'S THE PURPOSE FOR IT. WE ARE NOT DOING HIM A FAVOR  
- HE'S DOING US A FAVOR BY LETTING US SERVE HIM.

A **VETERAN** IS NOT A COLD STATISTIC ... HE/SHE'S A FLESH-  
AND-BLOOD HUMAN BEING WITH FEELINGS AND EMOTIONS  
LIKE OUR OWN.

A **VETERAN** IS NOT SOMEONE TO ARGUE OR MATCH WITS  
WITH ... HE/SHE DESERVES COURTEOUS, ATTENTIVE AND  
SYMPATHETIC TREATMENT.

A **VETERAN** IS NOT DEPENDENT ON US ... WE ARE  
DEPENDENT ON HIM.

A **VETERAN** IS THERE TO BE SERVED, NOT JUST TOLERATED ...  
IT IS OUR JOB TO HANDLE HIM/HER PROPERLY - BOTH FOR HIS/  
HER SAKE AND FOR OUR OWN.

A **VETERAN** MAKES IT POSSIBLE THAT OUR SALARIES GET PAID  
... WHETHER WE ARE A CLERK, FINANCIAL AID OFFICER, CERTI-  
FYING OFFICIAL, VETERANS  
BENEFITS COUNSELOR, EDUCATION COMPLIANCE  
SURVEY SPECIALIST, REGISTRAR, EDUCATION LIAISON  
REPRESENTATIVE, SCHOOL OFFICER, OR COUNTY  
VETERANS SERVICES OFFICER.

—ANONYMOUS

## STATE APPROVING AGENCY

MONTANA OFFICE OF PUBLIC INSTRUCTION  
DENISE JUNEAU, SUPERINTENDENT  
PO BOX 202501  
HELENA, MT 59620-2501

CONTACT:  
VETERANS EDUCATION  
(406) 444-4122  
FAX: (406) 444-1373

[www.opi.mt.gov/veteransed/](http://www.opi.mt.gov/veteransed/)



Montana  
**Office of Public Instruction**  
Denise Juneau, State Superintendent

The Office of Public Instruction is committed to equal employment opportunity and non-discriminatory access to all our programs and services. For information or file a complaint, contact OPI Title IX/EEO Coordinator at (406) 444-2673 or [opipersonnel@mt.gov](mailto:opipersonnel@mt.gov).